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APPLICANTS

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**** CONTINUING DATA *******

This application is a CON of 09/753,529 12/28/2000 PAT 6,540,695
 and is a CIP of 09/057,303 04/08/1998 PAT 6,331,166
 and is a CIP of 09/146,185 09/01/1998 PAT 6,540,693
 and is a CIP of 09/159,467 09/23/1998 PAT 6,261,241
 and is a CIP of 09/238,965 01/27/1999 PAT 6,659,105
 and is a CIP of 09/356,187 07/16/1999 PAT 6,312,429
 and is a CIP of 09/477,255 01/04/2000 PAT 6,471,700

**** FOREIGN APPLICATIONS *******

IF REQUIRED, FOREIGN FILING LICENSE GRANTED SMALL ENTITY ****

** 02/28/2002

Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no	STATE OR COUNTRY CA	SHEETS DRAWING 21	TOTAL CLAIMS 30	INDEPENDENT CLAIMS 5
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged	Examiner's Signature	Initials		

ADDRESS

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TITLE

Biopsy anchor device with cutter

FILING FEE RECEIVED 544	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees
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		<input type="checkbox"/> 1.17 Fees (Processing Ext. of time)
		<input type="checkbox"/> 1.18 Fees (Issue)
		<input type="checkbox"/> Other _____